

COMMONWEALTH OF KENTUCKY ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

Office of Housing, Buildings and Construction DIVISION OF HVAC 101 Sea Hero Rd., Suite 100 Frankfort, Kentucky 40601-5405 (502) 573-0395 FAX (502) 573-1401



MASTER HVAC CONTRACTOR LICENSE

Please type or print application. All questions must be answered on both sides of this application.

An application fee of \$250.00 is to be submitted payable to Kentucky State Treasurer.

Auures	Last	First	Mi	
	s:	(Street, Route or Box Number)		
City:		State:	Zip:	
County:		Telephone: ()	
Date of	Birth:/	_/ Social Security number:		
Compa	any Name:			
Addre	ss:			
	((Street, Route or Box Number) State:	Zip:	
County	7 :	Telephone: (.)	
		Home Address		
		ty insurance. (Certificate of insurance for general li rtificate holder must list Office of Housing, Buildin		
AC, 10 hout ce		, Frankfort, Kentucky 40601-5405 as certificate hol		
AC, 10 hout ce	1 Sea Hero Road, Suite 100, rtificate on file.	, Frankfort, Kentucky 40601-5405 as certificate hol		



HVAC-1 Revised (03-05)

7. Are you licensed as an HV other state? Yes No	8. Are you currently licensed as a Journeyman in Kentucky or in another state? Yes No					
If yes, list each state and date licensed. (Attach copy of lice		• .	If yes, list each state and date you were first licensed: (attach copy)			
Date Date			Date			
9. Total HVAC experience: List the name and address				<u> </u>	_	
Employer Name	<u>Address</u>	<u>From</u>	<u>To</u>	Phone number		
					_	
					_	
The Board may revoke, susp holder pursuant to KRS 19		on, or restrict the licen	ise or certi	ficate of any licensee or ce	rtificat	
	Apj	plicant's Signature:				
(Initial) I am not in d Assistance Authority). I un receive a Kentucky Master	derstand that if I am in	default of any studen		entucky Higher Education cked by the KHEAA, I can		
STATE OF						
County of						
The applicant, whose nam foregoing statements subs personally signed this app	cribed to him are tru	e to the best of his k	knowledge	, being duly sworn decla e and belief, and that he	res tha /she ha	
Subscribed and sworn to b	pefore me this	day of _		,		
	N	otary Public				
My Commission evnires						